

LOUISIANA DEPARTMENT OF INSURANCE

Application for Resident or Non-Resident

Insurance Business Entity

(Please Print or Type)

| | | | | | |
|---|----------------------------------|--|---------------|------------------------------------|-------------------|
| ① Business Entity Name | | ② Incorporation/Formation Date (month) ____ (day) ____ (year) ____ | | ③ FEIN - | |
| ④ If assigned, National Producer Number (NP#) | | ⑤ If applicable, NASD Firm Central Registration Depository (CRD) Number | | | |
| ⑥ List any name under which you are doing business | | ⑦ State of Domicile | | ⑧ Country of Domicile | |
| ⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| ⑩ Business Address | | ⑪ City | | ⑫ State | ⑬ Zip Code |
| ⑭ Phone Number () - | ⑮ Fax Number () - | ⑯ Business E-Mail Address | | ⑰ Business Web Site Address | |
| ⑱ Mailing Address | | ⑲ P.O. Box | ⑳ City | | ㉑ State |
| | | | | | ㉒ Zip Code |

㉓ Identify at least one Designated/Responsible Licensed Producer

| | | | | |
|------------|-----------------|-----------|---|---|
| Name _____ | License # _____ | SSN _____ | - | - |
| Name _____ | License # _____ | SSN _____ | - | - |
| Name _____ | License # _____ | SSN _____ | - | - |
| Name _____ | License # _____ | SSN _____ | - | - |

Owners, Partners, Officers and Directors

㉔ Identify all owners, partners, officers and directors of the business entity:

| | | | | | |
|------------|-------------|-----------------|-----------|---|---|
| Name _____ | Title _____ | License # _____ | SSN _____ | - | - |
| Name _____ | Title _____ | License # _____ | SSN _____ | - | - |
| Name _____ | Title _____ | License # _____ | SSN _____ | - | - |
| Name _____ | Title _____ | License # _____ | SSN _____ | - | - |
| Name _____ | Title _____ | License # _____ | SSN _____ | - | - |
| Name _____ | Title _____ | License # _____ | SSN _____ | - | - |
| Name _____ | Title _____ | License # _____ | SSN _____ | - | - |
| Name _____ | Title _____ | License # _____ | SSN _____ | - | - |
| Name _____ | Title _____ | License # _____ | SSN _____ | - | - |
| Name _____ | Title _____ | License # _____ | SSN _____ | - | - |
| Name _____ | Title _____ | License # _____ | SSN _____ | - | - |
| Name _____ | Title _____ | License # _____ | SSN _____ | - | - |

| | | | |
|-----------------|-----------------|--------------------------------------|--|
| Fiscal Division | Agent Licensing | FOR DEPARTMENT OF INSURANCE USE ONLY | |
| | | Classification Number | |
| | | Initials | |
| | | License Number | |
| | | Issue Date | |

LOUISIANA DEPARTMENT OF INSURANCE

Application for Resident or Non-Resident Insurance Business Entity

Changes in Louisiana's laws went into effect on January 1, 2002. Louisiana has adopted the NAIC Producer Licensing Model Act and will issue a Producer License or a Producer Agency License (no more agents, brokers or solicitors).

Check One

☐ Resident License

☐ Non-Resident License *

☐ Amended License

Check One

☐ Partnership

Fee: \$75.00 per major line of authority
\$75.00 for first limited line
\$35.00 for each additional limited line

☐ Corporation

Fee: \$75.00 per major line of authority
\$75.00 for first limited line
\$35.00 for each additional limited line

☐ State Chartered Bank

Fee: \$75.00 per major line of authority
\$75.00 for first limited line
\$35.00 for each additional limited line

☐ Limited Liability Partnership

Fee: \$75.00 per major line of authority
\$75.00 for first limited line
\$35.00 for each additional limited line

☐ Limited Liability Company

Fee: \$75.00 per major line of authority
\$75.00 for first limited line
\$35.00 for each additional limited line

☐ Surplus Lines Broker

Corporation
Fee = \$250.00 (Expires every April 30th)

Major Lines of Authority

Expires April 30th of every even year

☐ Life

☐ Health & Accident

☐ Life, Health & Accident

Expires April 30th of every odd year

☐ Property

☐ Casualty

☐ Property & Casualty

☐ Personal Lines
Property & Casualty

Expires April 30th of every year

☐ Variable Contracts

☐ Auto Service Club

Limited Lines of Authority

Expires April 30th of every even year

☐ Credit Life

☐ Credit Health &
Accident

☐ Credit Life, Health
& Accident

☐ Industrial Life, Health
& Accident

☐ Home Service

☐ Travel

Expires April 30th of every odd year

☐ Credit Property

☐ Industrial Fire

☐ Fidelity & Surety

☐ Baggage

☐ Bail Bond

☐ Title

☐ Vehicle Physical Damage

☐ Non-Resident's only: If you **DO NOT** find your license type listed above you must provide the license type and qualifications you hold in your home state. _____.

***All non-resident applicants must provide an original letter of certification from the domiciliary state dated within ninety (90) days of the date of submittal. If your letter of certification does not specifically list the line of authority for which you are applying, please provide documentation from your resident state's Department of Insurance supporting your qualification for that line.**

All Applicants Must Complete Background Information

25 Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

26 Check the situation that applies to you

- ☐ License applications submitted that are for a one hundred percent (100%) owned subsidiary of a bank holding company must disclose the shareholder or holding company.
- ☐ License applications that are for a one hundred percent bank owned bank subsidiary applicant must disclose the bank or shareholder.
- ☐ License applications submitted by bank subsidiaries, or by banks that are holding company subsidiaries, where the applicant “parent” owns less than one hundred percent (100%) must disclose all shareholders owning ten percent (10%) or more.
- ☐ Credit insurance producer applications submitted by banks must list those shareholders who own ten percent (10%) or more of the bank’s stock. If the financial institution applicant has no “stockholders”, as is the case with mutual savings banks, indicate that the applicant is a mutual institution.

Surplus Lines Broker Firm Applicants Only**27 Part A. Louisiana Residents Only**

The Surplus Lines Records will be maintained and available for audit at:

| | | | |
|---|-----------------------|-------------------------------|-----------------------|
| Street: | City: | State: Louisiana | Zip Code: |
| Print Full Name of Countersigning Producer | License # of Producer | Social Security # of Producer | |
| Do the officers, partners, or employees of the partnership/corporation applicant, who will be engaged in the procurement and countersigning of surplus lines policies, have the two years' experience as either a licensed insurance property and casualty producer? If no, attach a certificate from a property and casualty insurer verifying your two years experience. | | | Yes _____ No _____ |
| Are the officers, partners, or licensed employees of the partnership/corporation applicant, who will be engaged in the procurement and countersigning of surplus lines policies, currently licensed as a property and casualty producer in the State of Louisiana? | | | Yes _____ No _____ |

Part B. Residents and Non-Residents

List below all officers, partners, or employees who are licensed as property and casualty producers and who have already passed the surplus lines broker exam. The officers or partners listed will be the only individuals authorized to countersign surplus lines policies for the firm. Attach additional sheets if needed.

| | | | | |
|------------|-------------|-----------|---|---|
| Name _____ | Title _____ | SSN _____ | - | - |
| Name _____ | Title _____ | SSN _____ | - | - |
| Name _____ | Title _____ | SSN _____ | - | - |

All Applicants Must Complete Certification and Attestation**28** The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

29 Must be signed by an officer, director, principal or partner of the business entity:

Month _____ Day _____ Year _____

Signature of Licensed Officer _____

Typed or Printed Name of Licensed Officer _____

Title _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

OBTAINING A BUSINESS ENTITY INSURANCE LICENSE

General Instructions

This packet is designed to assist the individual preparing the application in meeting the requirements of The Louisiana Department of Insurance. The forms and procedures of the application are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

While our Department staff will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- All submittals in association with this application must be sent through the United States Postal Service. Hand delivery is not acceptable and any information arriving in this manner will be returned without review.
- Complete the entire application. Submitting an incomplete application will result in a delay in the processing of the application.
- Do not alter the forms contained in this packet. If you feel the requirements do not apply to your firm, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- All applications must be typed or printed neatly. Illegible entries or responses will be considered incomplete and may result in the application being returned to the applicant.
- All certified documents required in the application must be dated within ninety (90) days of submittal of the application.
- All certified documents required in the application must be originals.
- Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If, for some reason, an item, which would otherwise be required, is not available, a written explanation must be supplied upon submission.

All communications should be directed to:

The Louisiana Department of Insurance
Agent Licensing Division
Post Office Box 94214
Baton Rouge, LA 70804-9214
Phone (225) 342-0860
Fax (225) 342-3078

Other Licensing Information

Obtaining Appointments

To obtain an appointment for a producer to represent an insurance company, the company must submit an appointment form (available from the department website www.lds.la.gov) authorizing the appointment. A \$20.00 fee is required with each appointment.

Partnership License

Resident Applicants

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance. Please note there are no refunds for fees paid.
- ☐ An original Letter of Registration from the Louisiana Secretary of State dated within ninety (90) days of the date of submittal.
- ☐ A statement by the appropriate partner verifying that the partners listed on the application are duly named as partners in accordance with the partnership agreement.
- ☐ A notarized statement verifying the percentage of interest and control of each partner in the partnership.

Non-Resident Applicants

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance. Please note there are no refunds for fees paid.
- ☐ An original Letter of Certification from the domiciliary state dated within ninety (90) days of the date of submittal.

Corporation License

Resident Applicants

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance. Please note there are no refunds for fees paid.
- ☐ An original letter of good standing from the Louisiana Secretary of State dated within ninety (90) days of the date of submittal.
- ☐ An attestation by the president of the corporation that discloses the identity of all officers, directors, and of those persons who own ten percent or more of the business entity.
- ☐ A statement by corporation's secretary verifying that the officers and directors of the corporation are duly appointed or elected in accordance with the Articles of Incorporation or bylaws of the corporation.
- ☐ A Louisiana domiciled corporation must have a President, a Secretary and a Treasurer. The same person may serve in the capacity of two of these required officer positions.

Non-Resident Applicants

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance. Please note there are no refunds for fees paid.
- ☐ An original Letter of Certification from the domiciliary state dated within ninety (90) days of the date of submittal.
- ☐ The individual signing on behalf of the corporation must be licensed in Louisiana for the same lines.

Limited Liability Company/Limited Liability Partnership License

Resident Applicants

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance. Please note there are no refunds for fees paid.
- ☐ An original Certificate of Existence or a copy of the Articles of Organization dated within ninety (90) days of the date of submittal.
- ☐ A statement by the appropriate partner verifying that the partners listed on the application are duly named as partners in accordance with the partnership agreement.
- ☐ A notarized statement verifying the percentage of interest and control of each partner in the partnership.

Non-Resident Applicants

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance. Please note there are no refunds for fees paid.
- ☐ An original Letter of Certification from the domiciliary state dated within ninety (90) days of the date of submittal.

State Chartered Bank or Federally Chartered Institution

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance. Please note there are no refunds for fees paid.
- ☐ An attestation by the president that discloses the identity and percentage of ownership of the individual stockholders.
- ☐ A statement by the applicant's secretary verifying that the officers and directors of the corporation are duly appointed or elected in accordance with the Articles of Incorporation or bylaws of the corporation.
- ☐ State Chartered Banks must submit an Original Certificate of Good Standing from the Louisiana Office of Financial Institutions dated within ninety (90) days of the date of submittal.
- ☐ Federally Chartered Institutions must submit an Original Letter of Good Standing from the Office of Comptroller of Currency dated within ninety (90) days of the date of submittal.
- ☐ A Financial Institution must list a President, Secretary and a Treasurer. The same person may serve in the capacity of two of these required officer positions.

Credit Unions

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance. Please note there are no refunds for fees paid.
- ☐ A Certificate of Charter from their financial organization dated within ninety (90) days of the date of submittal.

Surplus Lines Broker Partnership/Corporation

Resident Applicants

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$250.00. Please make checks or money orders payable to the Louisiana Department of Insurance. Please note there are no refunds for fees paid.
- ☐ Any person countersigning surplus lines policies must be licensed as a Property & Casualty producer and/or have two (2) years experience in the insurance business with an insurer or as a producer. An insurer must certify this experience in a notarized statement on company letterhead signed by an authorized representative of the insurer.
- ☐ A letter identifying the countersigning producer.
- ☐ The applicant must be registered as a member of the corporation with the Louisiana Department of Insurance.

Non-Resident Applicants

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$250.00. Please make checks or money orders payable to the Louisiana Department of Insurance. Please note there are no refunds for fees paid.
- ☐ An original Letter of Certification from the domiciliary state dated within ninety (90) days of the date of submittal.
- ☐ A letter identifying the countersigning producer.
- ☐ The applicant must be registered as a member of the corporation with the Louisiana Department of Insurance.